



Behavioral & Violent Excited Delirium

Assessment

Pediatric Pearls:

- Use pediatric dosing of medications or electrical therapy for a pediatric patient < 37 kg and as defined by the PEDIA Tape.

Signs & Symptoms:

- Anxiety, agitation, confusion
- Affect change, hallucinations
- Delusional thoughts, bizarre behavior
- Expression of suicidal homicidal thoughts
- Tachycardia, diaphoresis, tachypnea
- Struggles violently despite appropriate restraint
- Combative / violent
- Very "hot" to touch

Differential:

- Refer to Altered Mental Status
- Hypoxia
- Alcohol intoxication
- Medication effect / overdose
- Withdrawal syndromes
- Bipolar (manic-depressive)
- Schizophrenia, anxiety disorders, etc.
- Hypertensive emergency
- Seizure / Postictal
- Domestic Violence or Abuse

Clinical Management Options

P	P	P	P	P	P	<ul style="list-style-type: none"> • Oxygen, target SpO₂ 92 – 96% • BGL Assessment • Basic Airway Management as needed • Physical restraint if needed and use Restraint Checklist • Cooling measures if needed
L	L	L	L	L	L	<ul style="list-style-type: none"> • Vascular access as appropriate for patient condition • Fluid therapy as needed with isotonic crystalloid, preferred cold if excited delirium
1	2	3	4	5	6	<ul style="list-style-type: none"> • Cardiac monitor and 12 ECG • If the patient is suspected of excited delirium and suffers cardiac arrest, then consider a fluid bolus and Sodium Bicarbonate early
						<ul style="list-style-type: none"> • RASS +3 or +4, Violent Excited Delirium, Ketamine • RASS +2 or +3, Aggressive behaviors requiring chemical restraint, Midazolam or Haldol • RASS +1 or +2, Uncontrolled anxiety, Midazolam • If sedated, continuous cardiac, ETCO2 and SpO₂ monitor is required • Advance Airway Management as needed

Consult Online Medical Control As Needed

Richmond Agitation / Sedation Score (RASS)

+4	Combative: Overly combative or violent and an immediate danger to provider
+3	Very Agitated: Aggressive, non-combative or pulls on or removes tube(s) or catheter(s)
+2	Agitated: Frequent, non-purposeful movement or patient/ventilation desynchrony
+1	Restless: Anxious or apprehensive, movements not aggressive or vigorous
0	Alert and Calm: Spontaneously pays attention to provider
-1	Drowsy: Not fully alert but sustains more than 10 seconds wake, with eye opening in response to verbal command
-2	Light sedation: Awakens briefly for less than 10 seconds with eye contact or verbal command
-3	Moderate sedation: Any movement, except eye contact, in response to command
-4	Deep sedation: No response to voice, but any movement to physical stimulation
-5	Unarousable: No response to voice or physical stimulation



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Pearls:

- Refer to drug formulary charts for all medication dosing for both adults and pediatric patients.
- Consider your safety first. Physical restraint should be performed / assisted by Law Enforcement when available.
- SAVE Mnemonic for De-Escalation:
 - Support - "Let's work together..."
 - Acknowledge - "I see this has been hard for you..."
 - Validate - "I would probably be reacting the same way if I was in your shoes..."
 - Emotion naming - "You seem upset..."
- Excited Delirium (EXD) is interchangeable with Excited Delirium Syndrome (ExDS), both refer to a condition where the patient continues to struggle violently despite appropriate restraint that results from a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and superhuman strength. Therefore, underlying etiologies of EXD/ExDS must be considered:
 - Metabolic / Endocrine - hypoxia, electrolyte abnormalities, hepatic encephalopathy, hypercarbia, hyper/hypoglycemia, thyrotoxicosis, uremia
 - Neurologic - dementia, head injury, encephalitis, post-ictal state/seizure
 - Psychiatric - acute psychosis, mania, medication stoppage, personality disorder, schizophrenia
 - Infectious/Inflammatory - autoimmune encephalitis, herpes encephalitis, meningitis, sepsis
 - Toxicologic - alcohol, amphetamines, cocaine, neuroleptic malignant syndrome, PCP, polypharmacy, serotonin syndrome, synthetic cannabinoids, synthetic cathinones
- All patients who receive either physical or chemical restraint must be continuously observed by ALS personnel on scene or immediately upon their arrival.
- Any transported patient who is handcuffed or restrained by Law Enforcement should be accompanied by an officer whenever possible and if not, then law enforcement must be immediately available.
- Be sure to consider all possible medical and/or trauma causes for behavior.
- Restrained patients must never be maintained or transported in a prone position.
- Cold isotonic crystalloid boluses 30 ml/kg with temperature $\geq 104F$ up to 2 liters in adults.
- Blood samples for performing glucose analysis should be obtained through a finger-stick (heel for infants). Venous blood samples may produce artificially high blood glucose values and should be avoided.